

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043623

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 218

FILED DEC 11 1962

## 1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Hayti

Length of stay in 1b  
Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Moore's Apts. E. Lee St. No ☒ Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pemiscot

c. CITY OR TOWN

Hayti

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Moore's Apts. E. Lee, St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Fred

Middle

Eugene

Last

Wilbanks

4. DATE OF DEATH

Month

Day

Year

Dec. 1, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/18/10

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

7 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10b. KIND OF BUSINESS OR INDUSTRY

Bartender

11. BIRTHPLACE (City and state or country)

Dunklin Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Andrew Wilbanks

13b. MOTHER'S MAIDEN NAME

Dealie Rainey

14. NAME OF HUSBAND OR WIFE

Vivian

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hayti Police Dept.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probably Coronary Occlusion- this man found dead at his home.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Wardell, Mo.

22c. DATE SIGNED

12-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY

Little Prairie

23d. LOCATION (City, town, or county)

Caruthersville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

LaForge Undertaking Co.

25. DATE RECD. BY LOCAL REG.

12-7-62

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Nail C. Dean

Licensed Embalmer No. 3941

P. O. Address Canthunwell  
Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.